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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Philippines

The Executive Director recommends that the Executive Board approve the country programme of the Philippines for the period 1991 to 1993 in the amount of $12,300,000 from general resources, subject to the availability of funds, and $5,500,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. Although the economy of the Philippines has been moving along the road of recovery since 1986, the gross national product (GNP) grew in 1989 at a slackened pace of 5.7 per cent. The slowing economy was further exacerbated by continued insurgency and natural disasters such as typhoons, a severe drought in mid-1989 and a major earthquake in 1990 in northern Luzon. In late 1990, as a result of the Persian Gulf crisis and the earthquake, GNP growth was estimated at 3.8 per cent. The proportion of Filipino poor was reduced from 59 per cent in 1985 to 49 per cent in 1989, but the issue of income disparity in the country remains a challenge. The annual inflation rate increased from 4 per cent in 1987 to 10 per cent in 1989, and to 14 per cent by mid-1990. While the Government had originally planned to allocate 22 per cent of the national budget to social sectors in 1987 and to increase it further to 39 per cent by 1992, allocations were reduced to 17 per cent in 1987 and 19 per cent in 1989, mainly owing to debt servicing, which required over 40 per cent of the national budget.

2. According to the 1990 census, the population was 60.5 million, indicating an increase of 26 per cent since the last census in 1980. The situation of children in the Philippines improved in the latter half of the 1980s. The infant mortality rate (IMR) decreased from 48 to 44 per 1,000 live births from 1985 to 1989. The disparity between regions, however, has remained high. While the National Capital Region had an IMR of only 35 per 1,000 live births, Central Mindanao registered an IMR of 101 per 1,000 live births in 1989. The maternal mortality rate (MMR) in the regions varied from 50 to 170 per 100,000 live births. The main causes of morbidity and mortality among children have continued to be communicable diseases. Pneumonia is one of the main causes of death, while bronchitis is the leading cause of illness among children. With the achievement of universal child immunization (UCI), polio, tetanus, diphtheria and whooping cough have declined, but the incidence of measles has declined slowly.

3. The nutritional status of children under six years old is slowly improving. The percentage below the standard weight-for-age decreased from 17 per cent in 1982 to 14 per cent in 1989 and, understandably, only a slight reduction was noted in the category of weight-for-height from 9.5 to 9 per cent. Three quarters of all infants suffered from iron deficiency anaemia and 12 per cent of children aged 7 to 17 years were found to have goitre. In several provinces, the malnutrition rates remain unusually high.

4. The country has a high literacy rate of 86 per cent. While the elementary education enrolment has reached 99 per cent among children aged 7 to 12 years, the cohort survival rate for elementary schools remained at 68 per cent in 1989. Many provinces have much lower rates, i.e. 35 per cent in Sulu, 44 per cent in Basilan and 51 per cent in Ifugao. Around 2 million children - about 17 per cent of pre-school children - receive some form of early childhood development services. The secondary participation rate has improved significantly since 1988, when the Free Secondary Education Act was declared to provide free public high school education to all.

5. The situation of children in especially difficult circumstances has shown some deterioration. This refers to working children, sexually exploited children, drug dependents and youth offenders, street children and children in situations of armed conflict. The fast growing urban population exacerbates the situation further. Working children numbered 3.7 million in 1988, indicating an increase of 6 per cent from 1986. Child prostitutes were estimated to number around 20,000. Studies indicated that the percentage of street children in major cities ranged between 1 and 3 per cent of the child and youth population. Some 120,000 children were affected by insurgency.

6. Improvements in the health and educational status of women have been noted in the last few years. While the national female literacy rate is 85 per cent, it is less than 50 per cent in some provinces. Life expectancy increased from 65 years in 1986 to 66 years in 1989, but in some regions, it is less than 50 years. The total fertility rate declined from 4.4 in 1985 to 4.1 in 1989. MMR remained constant at 100 per 100,000 live births between 1985 and 1989.

7. Analysis shows that although national-level indicators are encouraging, the skewed distribution of income and resources has left some regions and provinces way behind in physical infrastructure, as well as in economic and social development. There is a strong need to address the problems in these areas and to support deprived population groups such as the urban poor, women in poor regions and children in especially difficult circumstances.

PROGRAMME CO-OPERATION, 1988-1990

8. The Third Country Programme for Children 1988-1992 was designed to focus on the reduction of disparities by helping some of the remote and less-served provinces and cities. The following two basic components were adopted: (a) focused and intensified basic services for children and women through area-based programmes in seven provinces and 10 cities; and (b) selective support of national sectoral programmes emphasizing simple, tested and high-impact interventions initiated in the second programme, namely immunization, home food production, oral rehydration and early childhood education. The issues of children in especially difficult circumstances received increased emphasis through projects for street children, working children and children in situations of armed conflict.

Area-based child survival and development programmes

9. All 73 provinces and 60 major cities were classified on the basis of child-related, socio-economic indicators, and 7 least developed provinces and 10 cities were selected as area-based child survival and development (CSD) programme areas. The basic thrusts of the area-based CSD strategy rest on (a) the assurance of basic services being made available in the selected rural and urban barangays (village/neighbourhood communities); (b) the definition of the most vulnerable children and families in the communities for targeted service delivery; (c) greater community involvement in decision-making and

management; (d) building capacities of local government units, national government agencies and non-governmental organizations (NGOs) to sustain interventions; and (e) advocacy and social mobilization.

10. Area-based and national programmes were seen as complementary and interlinked. The selected area-based CSD provinces and cities were prime testing grounds for innovations and adaptations of technologies to local needs, and the experiences achieved, it was envisaged, would be replicated nation-wide. By 1990, the country programme for children was providing area-based services in 574 barangays in 88 municipalities in the 7 provinces and in 242 barangays in 10 cities. Sectoral programmes were being assisted nation-wide, with more than 1 million children and women beneficiaries.

11. The area-based CSD strategy was implemented in Sulu, Basilan, Tawi-Tawi, Maguindanao, Lanao del Sur, Negros Occidental and Ifugao provinces. Apart from providing services to those areas, the programme stressed building local management skills for development in close partnership with communities. The coverage of fully immunized (i.e. for all antigens) children in those provinces increased significantly from 44 per cent in 1987 to 76 per cent in 1989 and is estimated to have reached over 90 per cent by the end of 1990. The systematic approach in growth monitoring in Lanao del Sur facilitated the formulation of policies on training curriculum for health workers by the Department of Health. In Negros Occidental, 16,400 parents received health and nutrition education through the teacher-child-parent approach in elementary schools. In Ifugao, a master plan for water and sanitation was developed to strengthen linkages with other key departments such as health and education. The positive gains in goitre control in Ifugao opened opportunities for salt iodization in the highly endemic Cordillera region. The under-five clinics reached 161,150 children in the 7 area-based CSD provinces.

12. Urban basic services programmes used a similar strategy to reach poor urban communities through primary health care, nutrition, water and sanitation, early childhood enrichment, community organization and livelihood components. By mid-1990, the programmes in 10 cities exceeded their target for 1992 by serving 550 slum communities in 242 barangays.

National programmes

13. Following the commitment of the Government of the Philippines to achieve UCI by 1990, a five-year expanded programme on immunization (EPI) acceleration plan was developed. Immunization coverage increased dramatically by 15 per cent annually between 1987 and 1989 and reached 80 per cent of children under one year of age in 1989. The UCI target was achieved, and a comprehensive programme review is planned in early 1991. The proportion of pregnant women covered by tetanus toxoid vaccine remained low at 44 per cent.

14. The control of diarrhoeal diseases (CDD) programme was approached through a combination of preventive measures, including the provision of safe water, more sanitary facilities, health education, the promotion of breast-feeding

and oral rehydration therapy. A recent CDD review showed that 86 per cent of mothers knew of or had heard about oral rehydration salts (ORS) and the actual use rate was 33 per cent, compared to a 1987 survey that showed the ORS use rate at only 7 per cent and a high anti-diarrhoeal drug use rate at 55 per cent.

15. The acute respiratory infection (ARI) programme launched in 1990 focused on mortality reduction through early detection and treatment of severe pneumonia among children under four years of age. UNICEF provided initial support to the training of trainers in the control of ARI and supplied equipment in area-based CSD provinces. The positive results of provincial initiatives to control ARI in 1988 led to region-wide replication in the mountainous region of Cordillera.

Nutrition

16. Recognizing the multisectoral nature of nutrition programming, interventions were attempted at barangay and municipality levels and included growth monitoring in under-five clinics, household food security through bio-intensive gardening and family food production, as well as income-generating activities. For low-income families and women, the programme also provided nutrition education for mothers, nutrition surveillance and micronutrients to children and women. Specific projects such as the control and prevention of iodine deficiency disorders (IDD) were introduced when community-level data indicated high levels of goitre. Health and nutrition were introduced in the elementary schools through the teacher-child-parent approach and included the introduction of school and home/community gardens. The Departments of Agriculture and Education adopted those technologies for national programming. In Negros Province alone, 12,000 to 28,000 families were known to have home gardens, depending on the farming seasons and employment opportunities in the province. A study in Negros showed that food production helped to increase the quantity of food intake and reduce malnutrition among children. Implementation of the National Code of Marketing of Breast Milk Substitutes continued slowly. The promotion of breast-feeding became a feature of the national CDD programme. Advocacy at the national level, and social mobilization combined with a multi-pronged approach to nutrition, have produced positive results in the seven area-based CSD provinces and 10 cities.

Education

17. From mid-1989, UNICEF played an active role in promoting the Education for All theme jointly with the Government, the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Asian Development Bank (AsDB) and the World Bank. A 10-year Education for All framework (1990-2000) was prepared and incorporated into the updated Medium-Term Philippine Development Plan. Innovative approaches and alternative delivery systems in the seven area-based CSD provinces have shown encouraging initial results in improving the school participation rates and reducing drop-out rates, especially of girls. These

include a multi-grade mobile teaching project in the mountains of Ifugao; a project to upgrade the reading skills of students with difficulties in reading in five Mindanao provinces; a compensatory education project for slow learners in Maguindanao; strengthened linkages between the public elementary school system and Arabic schools in Lanao del Sur; and the teacher-child-parent approach to strengthen the health and nutrition of schoolchildren. Findings have shown a 4.5 per cent reduction in the incidence of malnutrition among the pupils using the latter approach and a significant improvement in scholastic achievements for both male and female pupils. Meanwhile, both centre- and home-based early childhood development projects were implemented in area-based CSD provinces and cities, reaching some 42,000 children.

18. Women's development activities were introduced throughout the area-based CSD and urban basic services programmes. Assistance was given to the Government and to NGOs in strengthening activities to empower women, to improve the health and socio-economic situation of women in poverty-stricken households and to integrate women's concerns into various components of the country programme. A leadership orientation and training project benefited some 250 women who then became the leaders of the women's groups and provided active support to various area-based CSD projects. The 270 women's groups organized under that programme provided training to 9,000 women in health, nutrition and education in the area-based programmes.

Children in especially difficult circumstances

19. Services for children in areas of armed conflict were provided by both the Government and NGOs. Local and national networks were established for advocacy and awareness of the Convention on the Rights of the Child and to dialogue with the security forces. The child labour project was initially implemented in three areas of Luzon. A range of basic services was provided, centred on income-generating opportunities for mothers with working children. Studies of social attitudes and labour laws were conducted to introduce and design programme thrusts within communities. The street children project reached approximately 25,000 street children in 17 major cities through a combination of community-based services and street-based interventions organized by over 300 government agencies, NGOs and organized community groups.

20. Because an emergency component had been built into the programme structure, UNICEF responded quickly to the needs of children and women affected by the major earthquake in July 1990. Medical and other relief supplies were delivered immediately to people in disaster-affected areas, followed by rehabilitation activities.

Advocacy and social mobilization

21. A national task force for social mobilization was formed jointly by representatives from various government departments and UNICEF, and a network established with active participation of NGOs and professional organizations, members of the Congress and the media. As advocacy and social mobilization assumed greater significance in programme delivery and resource generation,

concerted efforts in obtaining political support for children's programmes were a salient feature of the programme. A series of regional seminars on population and development was conducted by the Philippine Legislators Committee. The promotion of Facts for Life became an integral part of the social mobilization process, with the adaptation and translation of the messages into local languages in an attempt to reach every field worker and mother throughout the country. The Convention on the Rights of the Child was ratified by the Government, and the President signed the Declaration and the National Plan of Action following the World Summit for Children.

Mid-term review

22. A comprehensive mid-term review of the programme was held jointly with the Government in July 1990 on the basis of an updated analysis of the situation of children and women in the Philippines and extensive consultations with programme managers, communities and beneficiaries. The review noted the positive gains made in the area-based CSD programmes in 7 provinces and 10 cities and presented the following main recommendations: (a) accelerate further services delivery in the area-based CSD programme, particularly in high-risk areas and groups, based on techniques for identifying low-income, female-headed households or families with malnourished and street children; (b) strengthen the linkage between national programmes and area-based/urban basic services programmes and local government and community plans; (c) promote programme co-ordination at all levels to avoid overlapping and duplication of initiatives; (d) promote further the mobilization of local leaders, media, religious groups and communities for basic services for children; and (e) focus on the specific programme areas which pose greater challenges in achieving the 1990s goals such as tetanus toxoid immunization coverage among women, control of IDD in endemic areas, maternal nutrition, control of ARI, formulation and implementation of Education for All programmes at the provincial level, sanitation, children in especially difficult circumstances and child-monitoring systems. The review concluded that the country programme for 1991-1993 would make necessary adjustments in the plans to respond better to the identified priority needs and to synchronize the programme cycle with the government national development plan.

23. The programme for 1991-1993 is guided by the policy objectives of the National Plan for Children launched by the Government in late 1990, and the global goals and strategies approved by the UNICEF Executive Board for the 1990s. The main focus is on the reduction of IMR, MMR and the under-five mortality rate, basic education for all, the reduction of malnutrition, improvement of water and sanitation coverage and protection of children in especially difficult circumstances.

RECOMMENDED PROGRAMME CO-OPERATION, 1991-1993

Recommended general resources: $12,300,000
Supplementary funds: $ 5,500,000

Recommended programme co-operation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	1 600	250	1 850
Nutrition	675	300	975
Family food production	275	-	275
Education	900	1 930	2 830
Advocacy and social mobilization	700	-	700
Planning and social statistics	940	-	940
Programme support	1 100	-	1 100
Area-based CSD	6 610	3 020	9 630
Total	12 800	5 500	18 300

a/ The breakdown for estimated yearly expenditure is given in table 3 below.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

24. The programme will consolidate the results achieved in the past three years and further strengthen the area-based CSD strategy through: (a) focused targeting and convergence on high-risk groups identified by a set of indicators common to all service providers; (b) studies to refine further programme approaches; (c) capacity-building, especially at the barangay/community levels; (d) community-based child monitoring systems to generate continuous awareness and basic data on the situation of children to ensure better planning and monitoring by communities; (e) closer collaboration with NGOs for more effective service delivery; and (f) institutionalization, sustainability and expansion of the area-based approach through the National Plan for Children and the government decentralization programme.

Health

25. The EPI programme will continue to be a major component of the health programme, whose objective is to sustain the national UCI coverage already achieved and to achieve UCI at provincial and municipal levels. Coverage with two doses of tetanus toxoid, which has so far remained relatively low, will be increased to 80 per cent by 1993. UNICEF will provide support for the completion of the cold-chain system, improved disease surveillance and social mobilization activities. The Department of Health plans to apply the lessons of the EPI programme and the strengthened capacities of the health staff in the provinces to achieve similar results in other key health programmes such as CDD, ARI and maternal and child health (MCH). Experiences in social mobilization and information, education and communication activities to accelerate the EPI programme will also be applied to ARI, CDD and MCH in order to achieve similar coverage and impact.

26. In an effort to assist the Department of Health in strengthening MCH services in the country, the Australian International Development Aid Bureau (AIDAB) has provided supplementary funds to UNICEF for a three-year period beginning in mid-1990 for the MCH project in 18 depressed provinces. The project will use an intersectoral approach to provide all MCH services. Training will be provided to 50 per cent of active barangay health workers to improve the quality of maternal care. MCH services will focus on high-risk pregnancies while providing adequate care to the general target clientele. The referral support system for the high-risk group will be strengthened by upgrading skills and facilities for pre- and post-natal care and obstetrics emergencies at all levels. The under-five clinics will continue with the objective of achieving nation-wide coverage of MCH services.

27. The control of ARI will be supported by focusing on early detection and rational antibiotic treatment of severe pneumonia among children under five years of age. Training and necessary drugs and equipment will be provided to the selected areas. The objective of the project is to increase the number of children seen and treated for pneumonia and to reduce the mortality due to pneumonia among 0 to 4 year olds from 5 per 1,000 in 1990 to 3.7 per 1,000 in 1993. Baseline surveys, operational research and regular monitoring visits will be conducted.

28. CDD will continue to be implemented by the government programmes, assisted by the United States Agency for International Development (USAID) and the World Health Organization (WHO), while UNICEF will assist in the development and production of communication materials for the promotion of home fluids, breast-feeding and proper weaning. Materials will be provided to midwives, health workers and barangay health workers for use in their interpersonal contacts with mothers.

Nutrition

29. The nutrition components of the area-based programmes will be further strengthened by the closer identification of villages and families most vulnerable to malnutrition. Growth monitoring and nutrition surveillance will be continued, with an emphasis on infants and young children. Bio-intensive gardens will be expanded to 156 additional barangays in order to help poor families secure home-grown food, while income-generating activities will be conducted through the mothers' organizations to help increase families' purchasing power for food. Iron supplementation will be provided to all pregnant women and anaemic lactating mothers. The project for IDD control and prevention will focus on the endemic Cordillera region by administering iodized oil capsules to a target population of about 1 million. Comprehensive nutrition intervention plans will be developed in each of the seven area-based CSD provinces with the joint participation of local leaders and communities with government agencies and NGOs.

Water supply and sanitation

30. Water supply and sanitation in the Philippines are mainly addressed by government programmes, with support from the World Bank and other bilateral donor agencies. UNICEF has provided support for some pilot schemes in the area-based CSD areas. Sanitation, which has remained a weak component, will be strengthened for the promotion of health. Support will be given to studies to identify effective means for mobilization and education; to the application of technologies to respond to the variety of environments and cultures in the area-based CSD provinces; and to the development of master plans in each province for the integration of water, health and hygiene education. Support will also be given to upgrade water laboratories and to train laboratory technicians. A national core group and provincial and municipal task forces will be organized or strengthened to build capacities for decentralized planning and implementation and monitoring, with increased community participation, especially by women.

Education

31. As part of the continuing effort of a multi-agency network of the Government of the Philippines and sponsoring agencies, which began in 1989 in preparation for the Jomtien Conference, UNICEF will increase its assistance within the framework of the Philippine Plan of Action for Education for All. Priority will be given to the educational needs of low-income disadvantaged children, women and adolescent girls, children in especially difficult

circumstances, school drop-outs and potential drop-outs. This will be achieved through expanding educational technologies in the area-based CSD and urban basic services areas and other educationally deprived areas. These technologies include the upgrading of reading skills of grades I and II pupils; the teacher-child-parent approach to strengthen school health and nutrition; non-formal education; female functional literacy; multi-grade teaching; and early childhood development through home-based and centre-based services. Personnel development, advocacy and testing of educational innovations will be the main areas for UNICEF support. Beneficiaries will include 2 million children under 6 years of age for early childhood development, 6.2 million school-age children for basic education, 1 million out-of-school youth and 200,000 female illiterates. Assistance from other sponsoring agencies including UNDP, UNESCO, the World Bank, the AsDB and UNICEF will be co-ordinated by the Department of Education and other government agencies.

Women's development

32. Assistance to women's development will continue as a consistent element of all aspects of the country programme. Several major issues require attention, such as the tendency to view women as beneficiaries rather than as partners in the development process and the multiple burdens shouldered by women, which are sometimes aggravated further by involving them in community development activities. Support will be given to orient policy makers and programme implementors towards developing a gender analytical framework promoting advocacy and facilitating agency networks for programming.

Urban basic services

33. The urban programme will give preference to larger cities with the greatest concentrations of urban poor and children in difficult circumstances, building on the experience gained through successful programming in smaller cities. Emphasis will be placed on the metropolitan approach so as to achieve wider coverage, improved services and more effective referral and response systems to meet the needs of highly mobile street children and urban working children. The participation of the urban poor in development planning will be further encouraged. Around 38,000 poor families and 30,000 street children will be provided with basic services. Greater advocacy efforts will be made to deal with issues of land tenure, housing, credit and family planning. The programme will be integrated into city development planning.

Children in especially difficult circumstances

34. Intensified efforts will be made to find more effective and innovative ways to help children in especially difficult circumstances and to tackle the root causes of their situations. Basic services will be provided to about 60,000 children affected by armed conflicts in selected areas, with particular reference to 7 area-based CSD provinces and 10 cities. Greater efforts will be made to identify lead agencies with the capacity to monitor developments in areas affected by insurgency and to initiate widespread action. Courses in

disaster preparedness and programme management will be conducted in each region for the staff of participating agencies. A mechanism will be established to generate more timely information and to enable the involved conflicting parties to agree on the guidelines on the treatment of civilians, especially children. The child labour project will further develop pragmatic and sustainable interventions to protect working children from all forms of abuse and exploitation and to promote their rights and welfare. At least 5,400 child workers and their families will be assisted in 17 selected provinces. The street children programme, which is incorporated in the urban basic services programme, will aim to accelerate community-based actions such as street schools; to expand programme coverage; and to improve the quality of services by strengthening the referral systems, in close collaboration with government and non-governmental agencies and city authorities.

Advocacy and social mobilization

35. Social mobilization efforts in support of the government commitment to the Convention on the Rights of the Child will continue, with a sharper focus on monitoring its implementation. The promotion of Facts for Life and female functional literacy are key elements, not only in the basic education programmes, but also in social mobilization, to empower women to take their children's survival and development into their own hands. The social mobilization strategy will include policy-level advocacy, media support and training and communication, both nationally and particularly in area-based CSD areas. The experience gained in social mobilization will be properly documented for replication. Information dissemination, awareness creation, advocacy and programme communication will be included in all women and child programmes.

36. The Convention on the Rights of the Child, which was ratified by the Government, and the National Plan for Children (launched by the President in December 1990) will provide a legal framework for follow-up activities on the Convention and the Declaration of the World Summit for Children. Detailed discussions and the formulation of plans at provincial and municipal levels will be held for effective implementation and monitoring of the goals for the 1990s.

Child monitoring

37. The child monitoring project will pursue its three major activities: (a) the improvement and maintenance of the system for effectively monitoring child survival, protection and development; (b) the collection and assessment of data as a tool for advocating the improvement of the situation of children and women; and (c) the improvement of systems of data generation and dissemination, especially at the local level. Efforts will be made to develop a community-based child monitoring system to assist local development councils in planning and monitoring in order to improve the quality and impact of social services and to contribute to the sustainability and institutionalization of the area-based CSD programme. Learning from this experience, a system will be established at the national level to monitor, on

a continuing basis, the situation of children and women in the country and movement towards the goals of the 1990s.

Co-operation with others

38. Based on the most positive experiences in collaborating with other United Nation and bilateral agencies in the Philippines, UNICEF will continue to work closely with WHO, AIDAB, USAID and the Canadian International Development Agency in UCI, MCH and area-based CSD programmes, as appropriate; with UNDP, UNESCO, AsDB and the World Bank in a joint effort towards achieving the goals of basic Education for All; and with USAID for CDD programmes. Close co-operation with donor countries and National Committees for UNICEF for supplementary funding projects will be maintained and further strengthened.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Philippines (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	72	(1989)	High U5MR
Infant mortality rate	44	(1989)	Middle IMR
GNP per capita	$ 630	(1988)	Lower-middle GNP
Total population	61 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	1437	1715	1883	1961
Infant deaths (under 1)	(thousands)	96	91	90	86
Under-five deaths	(thousands)	158	149	149	141
Under-five mortality rate (per 1,000 live births)		110	87	79	72
Infant mortality rate (under 1) (per 1,000 live births)		67	53	48	44

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1982)	Moderate & severe	..	33a/
	Severe	..	2a/
Babies with low birth weight (%, 1979/1985)		19*	18†
Children completing primary level (% of first grade, 1980/1987)		..	75

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1978/1985)	79/ 70/ 53	../ 74*/..
Prevalence of wasting (%, 1980/1982)	..	7
Prevalence of stunting (%, 1980/1982)	..	42
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)	104	104
Food production per capita index (Index 1979-1981=100, 1980/1989)	100	88
Household expenditure (% of total income, 1980-1985) All food/cereals		51/ 20

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			14
Access to health services	Total	..	..
(% of population, 1980/1987)	Urban/rural	../..	../..
Access to safe water	Total	..	52
(% of population, 1980/1987)	Urban/rural	../..	49/ 54
Access to adequate sanitation	Total	73	67
(% of population, 1980/1987)	Urban/rural	81/ 67	83/ 56
Births attended by trained personnel (%, 1980/1983)		..	57
Maternal mortality rate (per 100,000 live births, 1979/1984)		..	93

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	61	76	95	96
	DPT	51	59	79	86
	Polio	44	61	78	85
	Measles	..	55	77	83
Pregnant women (%) immunized against	Tetanus	37	55	37	43

TABLE 1 (continued)

Philippines

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1988)	Total	113/ 94	110/ 98
	Male	113/ 94	109/ 97
	Female	113/ 94	107/ 99
Secondary enrolment ratio (gross/net) (%, 1980/1988)	Total	65/ 46	71/ 54
	Male	61/ 43	71/ 54
	Female	69/ 49	71/ 54
Adult literacy rate, 15 years & older (%, 1970/1985)	Total	83	88
	Male/female	84/ 81	88/ 87
Radio/television sets (per 1,000 population, 1980/1988)		../27	135/37

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	37.5	48.3	55.1	60.9	77.5
Population aged 0-15 years	(millions)	..	21.4	23.9	26.0	29.7
Population aged 0-4 years	(millions)	..	7.7	8.6	9.1	9.7
Urban population (% of total)		33	37	40	42	49
Life expectancy at birth (years)	Total	57	61	63	64	67
	Male	56	59	61	62	65
	Female	59	63	65	66	69
Total fertility rate		5.7	4.9	4.5	4.2	3.3
Crude birth rate (per 1,000 population)		39	36	34	33	26
Crude death rate (per 1,000 population)		11	9	8	8	6

		About 1980	Most recent
Contraceptive prevalence rate (%, 1978/1986)		37	45
Population annual growth rate (%, 1965-1980/1980-1989)	Total	2.9	2.6
	Urban	4.0	3.9

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1988)		3.2	-2.4
Inflation rate (%, 1965-1980/1980-1988)		12	16
Population in absolute poverty (%, 1978/1985)	Urban/rural	36 / 56	52*/ 64*
Household income share (%, 1977/1988)	Top 20%/bottom 40%	../..	52*/ 14*
Government expenditure (% of total expenditure, 1980/1987)	Health/education	5/ 13	6 / 18
	Defence	16	9
Household expenditure (% of total income, 1989)	Health/education		2*/ 3*
Official development assistance: (1980/1988)	$US millions	300	854
	As % of GNP	1	2
Debt service (% of goods & services exports, 1980/1988)		7	25

a/ Aged 0-72 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1990

(In thousands of United States dollars)

COUNTRY: PHILIPPINES
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $12,500,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	2163	1841	776	614	55	116	1114	1084	4108	3655	7763
Water supply and sanitation	380	177	86	42			154	42	620	261	881
Nutrition	533	81	268	154	22		402	399	1225	634	1859
Education	60	62	214	58			140	84	414	204	618
Community organization and development	131	88	397	171		66	636	682	1164	1007	2171
Young child development	8		96				137		241		241
Women-centred programme	4		260	21	9		99		372	21	393
Children in especially difficult circumstances	2	74	14	98		54	42	679	58	905	963
Advocacy	115	2	7		40		122	4	284	6	290
Emergency	17	304	27	16			83	301	127	621	748
Planning and project support	491	278	81	43	358	112	1360	270	2290	703	2993
Freight	256	64							256	64	320
GRAND TOTAL	4160	2971	2226	1217	484	348	4289	3545	11159	8081	19240

GR = General resources.
FSF = Funded supplementary funding.

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TABLE 3. PLANNED EXPENDITURE, 1991-1993

(In thousands of United States dollars)

Country: PHILIPPINES Period covered: 1991-1993	Funding status	1991	1992	1993			Total
Health	GR	550	525	525			1600
	NSF		100	150			250
	USF	500	850	1150			2500
Nutrition	GR	200	225	250			675
	NSF	100	100	100			300
	USF	220	195	225			640
Household food security	GR	100	100	75			275
Education	GR	200	350	350			900
	NSF	500	430	1000			1930
Women-centred programme	GR	100	100	100			300
Children in especially difficult circumstances	FSF	498					498
	NSF			350			350
	USF	549	950	355			1854
Social mobilization and advocacy	GR	300	200	200			700
Planning and social statistics	GR	200	220	220			640
Programme support	GR	340	390	370			1100
Integrated area-based programme	GR	2110	1990	2010			6110 a/
	FSF	1617	720				2337
	NSF	676	830	1164			2670
	USF		510	180			690
TOTAL	GR	4100	4100	4100			12300
	FSF	2115	720				2835
	NSF	1276	1460	2764			5500
	USF	1269	2505	1910			5684
GRAND TOTAL		8760	8785	8774			26319

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
USF = Unfunded supplementary funding .
a/ Not including $500,000 allocation made for the programme in 1990.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: PHILIPPINES	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	3	686723
Local national Professional and General Service established posts	28	802176
Operating costs		688976
Total	31	2177875
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	1	226000
Supplementary funds	1	226000
Local national Professional and General Service project posts		
General resources	20	761000
Supplementary funds	21	800000
Total	43	2013000

a/ For information source, see 1992 post authorization table, dated January 1991.